

P02000090992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

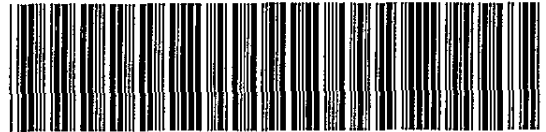
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700043526327

01/06/05--01016--011 **35.00

FILED
05 JAN -6 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

@
o/p Res
CRC
m2/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Guardian Health CARE Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO 2000090992

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bonnie Krpata
(Name of Person)

Guardian Health CARE Services, Inc.
(Name of Firm/Company)

Box W. Boynton Bch Blvd STE 9
(Address)

Boynton Beach, FL 33426
(City/State and Zip Code)

For further information concerning this matter, please call:

Bonnie Krpata at (561) 733-3353
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pamela Sawyer, hereby resign as President / Secretary
(Title)

of Guardian Health CARE Services, Inc.
(Name of Corporation)

PO2000090992, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Pamela Sawyer
(Signature of resigning officer/director)

FILED
05 JAN -6 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314